

## INFORMED CONSENT FORM

I, \_\_\_\_\_ the undersigned hereby give informed consent to engage in a series of procedures relative to taking a battery of physical fitness tests. The purpose of the testing is to ascertain my level of physical fitness for job task performance capability. The test includes the following:

- Walking for extended periods of time
- Short Sprints
- Running up and down stairs
- Using hands and feet in use of force situations
- Bending, stooping and reaching
- Moving people and objects

There always exists the possibility that certain detrimental physiological changes may occur during testing and activity. The reaction of the cardio respiratory and muscular systems to such activities can't be predicted with complete accuracy. These changes could include heat related illnesses, orthopedic injuries, abnormal cardiovascular conditions (heart beat, blood pressure) and in rare instances, a heart attack or risk of death.

I have read this form and understand there are inherent risks associated with any physical activity. I understand that I am responsible for monitoring my own condition throughout the testing and should any unusual symptoms occur, I will cease my participation and inform the monitor.

To the best of my knowledge, I do not have any health contraindications to participate in this testing. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of this testing. I also affirm that my questions regarding the tests have been answered to my satisfaction.

Therefore, in consideration for being allowed to participate in this testing, I do hereby voluntarily and knowingly assume the risk of such testing and I, with the intention of binding myself, my spouse, my heirs, legal representatives and assign do hereby voluntarily and knowingly release and forever discharge, indemnify and hold harmless the City of Louisville Metro, Kentucky, its officials and employees conducting or related to the testing from any and all claims, suits, losses or related causes of action for damages, including, but not limited to , such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from this testing.

I have read and fully understand the provisions of this release, and I have voluntarily, knowingly and intelligently executed said release and indemnification agreement with the express intentions of effecting the extinguishments of the claim and liabilities herein designated and establishing the agreements herein.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## PHYSICIAN'S MEDICAL RELEASE FORM

Applicant Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Corrections Officers are required to perform a variety of essential physically demanding tasks including the following:

- Walking for extended periods of time
- Short sprints
- Long pursuits running lasting over 2 minutes
- Jumping over and around obstacles
- Lifting and carrying objects sometimes up and down stairs
- Running up and down stairs
- Using hands and feet in use of force situations
- Using force in short and long-term (greater than 2 minutes) efforts
- Bending and reaching
- Moving people and objects

To measure an individual's capability to perform these critical tasks, all applicants must undergo a physical fitness test consisting of the below listed items with a 10 minute break between each:

- 1) Running 1 mile in 13 minutes and twenty seconds.
- 2) Complete a three minute and forty-five second timed obstacle course consisting of:
  1. Being given a series of numbers to remember during the course
  2. Running, ascending and descending the equivalent of four flights of stairs
  3. Running through a series of areas measuring approximately 800 feet
  4. Running and dragging an object weighing approximately 150 pounds 40 feet
  5. Recall the numbers given at the beginning of the course

Your professional opinion is requested as to whether the individual can safely participate in physical agility testing.

### Please Check One:

\_\_\_\_\_ There are no contraindications to the individual either 1) being capable of performing the essential physical tasks or 2) being capable of undergoing the physical agility test items.

\_\_\_\_\_ There are contraindications and it is not recommended that the individual participate in the physical agility test items.

I am a physician licensed to practice in the Commonwealth of Kentucky. I hereby verify that the above information is true and accurate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Printed Name of Physician

**LOUISVILLE METRO DEPARTMENT OF CORRECTIONS  
APPLICANT MEDICAL RELEASE**

*Applicants must answer ALL questions to be eligible to complete the LMDC physical agility testing exercises. Any applicant who answers yes to the below listed conditions must obtain a physician's release before completing the physical agility test.*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Yes**      **No**

- \_\_\_\_\_      \_\_\_\_\_ 1. Has a doctor ever said that you have heart trouble?
- \_\_\_\_\_      \_\_\_\_\_ 2. Do you frequently suffer from chest pain?
- \_\_\_\_\_      \_\_\_\_\_ 3. Do you often feel faint or have spells of severe dizziness?
- \_\_\_\_\_      \_\_\_\_\_ 4. Do you have any pulmonary disease or difficulty breathing?
- \_\_\_\_\_      \_\_\_\_\_ 5. Are you over age 50 and not accustomed to vigorous exercise?
- \_\_\_\_\_      \_\_\_\_\_ 6. Has a doctor ever said that you have an abnormal electrocardiogram (ECG)?
- \_\_\_\_\_      \_\_\_\_\_ 7. Do you have diabetes?
- \_\_\_\_\_      \_\_\_\_\_ 8. Do you have a close family relative (mother, father, sister, brother) who had heart disease before age 50?
- \_\_\_\_\_      \_\_\_\_\_ 9. Has a doctor ever said that you have high cholesterol or blood fats?
- \_\_\_\_\_      \_\_\_\_\_ 10. Has a doctor ever said that you have high blood pressure?
- \_\_\_\_\_      \_\_\_\_\_ 11. Has a doctor ever said that you have a muscle, skeletal or joint problem which would stop you from doing any type of exercise?
- \_\_\_\_\_      \_\_\_\_\_ 12. If you are 35 or older, do you smoke?

If any response is "yes" in questions one through twelve, the attached Physician's Medical Release form must be completed by a physician duly licensed to practice in the Commonwealth of Kentucky. The medical release must be received by our office before you will be scheduled for the applicant physical agility exercise.

I hereby verify that the above information is true and accurate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

*Adopted from the Kentucky Law Enforcement Council Peace Officer Standards Medical Release from T-1*